



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### REGISTERED SANITARIAN LICENSURE

**\*IMPORTANT: HAND-DELIVERED APPLICATIONS WILL NOT BE IMMEDIATELY REVIEWED BY THE DEPARTMENT. AFTER ALL DOCUMENTS HAVE BEEN RECEIVED, THE PROFESSIONAL STAFF OF THE DEPARTMENT WILL EVALUATE EACH APPLICATION IN THE ORDER IN WHICH IT WAS RECEIVED. ADDITIONALLY, PROFESSIONAL STAFF ARE NOT AVAILABLE FOR UNSCHEDULED “WALK-IN MEETINGS”. IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR APPLICATION, PLEASE CALL (860) 509-7559.\***

- The fee for initial licensure covers the cost of eligibility determination and related administrative functions; at such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. Also, please be aware that subsequent licensure renewal fees are separate and distinct from the application fee. Licenses are renewed annually during the licensee's month of birth. Renewal will be required in the **FIRST** birth month which immediately follows the issuance of licensure. The full renewal fee will be required regardless of the date of initial licensure.
- It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Department does **NOT** notify applicants of incomplete documentation..
- No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to "TREASURER, STATE OF CONNECTICUT", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application. **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- Licensure requirements are subject to change as a result of new legislation, rules and regulations, or due to new policies and procedures that may be adopted by the Department of Public Health. Applicants must meet current requirements.
- Any incomplete application, which has remained inactive for one year, will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.
- Educational credentials earned in a country other than the United States (or Canada in some instances) must be evaluated by a credential evaluation service approved by the Department. Documents in a language other than English **MUST** be translated by a certified translation service in accordance with instructions from this office. Applicants to whom these provisions apply should request additional information from this office.
- Examination questions are **NOT** included in the Freedom of Information Act as documents available for review. Whenever possible, however, this Division will provide whatever feedback possible with regard to examination performance.



*410 Capitol Avenue, MS #51EPL*

*P.O. Box 340308*

*Hartford, CT 06134*

*[www.ct.gov/dph](http://www.ct.gov/dph)*

*(860) 509-7559*

*Telephone Device for the Deaf (860) 509-7191*

*An Equal Opportunity Employer*

## REGISTERED SANITARIAN LICENSURE

### **ELIGIBILITY**

*An applicant for registered sanitarian licensure must meet the following eligibility requirements:*

1. Holds a degree from an accredited college or university following four years of study; **AND**
2. has two years of full-time experience, or the equivalent, in the field of environmental health (*environmental health is defined as the study, art and technique of applying scientific knowledge for the improvement of the environment of man for his health and welfare*). **Note:** An applicant who successfully completes the Environmental Health Training Course sponsored by the Connecticut Department of Public Health and Southern Connecticut State University may substitute such course for six months of the required experience; **AND**
3. has successfully completed the National Environmental Health Association (NEHA) or Professional Examination Service (PES) Registration of Sanitarians/Environmental Health Proficiency Examination (*an overall score equal to one standard deviation below the national mean is required for Connecticut licensure. Note: Other states may require a higher overall passing score for licensure*). (NOTE: All candidates deemed eligible for the PES examination will be required to bring to the test site a certified check or money order for \$90 made payable to "Professional Examination Service.")

### **DOCUMENTATION REQUIRED**

*An applicant for registered sanitarian licensure must submit or arrange for submission of the following:*

#### ◆ **INITIAL**

1. A completed, notarized application (*enclosed*) with photograph, and fee of \$40.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**
2. official verification, sent directly from each state licensing authority where a sanitarian license, certificate or registration is or has ever been held (*use enclosed FORM #1*); **AND**
3. official transcript, sent directly from the educational institution, demonstrating completion of a four year degree; **AND**
4. official verification, sent directly from the appropriate authority to this office, of two (2) years of full time experience in the field of environmental health (*use enclosed FORM #2*); **AND**
5. official report of scores on the above required examination directly from the administering body.

#### ◆ **REINSTATEMENT**

*In addition to the documentation listed above, reinstatement applicants must arrange for submission of the following:*

1. A written synopsis, (not a resume), of your professional activities since the license expired; **AND**
2. a letter from the appropriate authority confirming your most recent employment including dates and an evaluation of your performance. (If you own your own business, a letter from a health official, environmental engineer, or colleague in a related field)

All supporting documentation must be sent directly to:

**Connecticut Department of Public Health  
Registered Sanitarian Licensure  
410 Capitol Avenue, MS #51EPL  
P.O. Box 340308,  
Hartford, CT 06134-0308  
Phone: (860) 509-7559  
Fax: (860) 509-7378**



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
REGISTERED SANITARIAN LICENSURE

Please check one: ☐ INITIAL ☐ REINSTATEMENT (\$40.00)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: \_\_\_\_\_

**Name and mailing address:** This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on license: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**EDUCATION:** Indicate the college or university which awarded your four-year degree. You must have your official transcript forwarded to this office directly from the college/university.

University/College	Location	Degree	Year of Graduation
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**TRAINING COURSE:** If you have completed the Environmental Health Training Course sponsored by the Connecticut Department of Public Health and Southern Connecticut State University, indicate the month and year it was completed: \_\_\_\_/\_\_\_\_. Please attach a copy of the completion certificate or letter indicating completion of the course.

**EXAM:** Have you completed the National Environmental Health Association (NEHA) or Professional Examination Service (PES) Registration of Sanitarians/Environmental Health Proficiency Exam? YES ☐ NO ☐

If yes, where and when? \_\_\_\_\_

Please indicate which month you plan to attend the Registered Sanitarian/Environmental Health Proficiency

Examination: All applications must be postmarked (or hand delivered) no later than the deadline date. For examination dates and deadlines, please contact this department at (860) 509-7559 or visit the department's website:

<http://www.state.ct.us/dph/Publications/BRS/HSR/exams.htm>

☐ June

☐ December

At the exam, do you require accommodation for any disabling condition? Yes ☐ No ☐. If Yes, attach a separate written statement to the application, briefly describing the nature of your disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

**LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN OTHER STATES:** List all states (other than Connecticut) in which you have ever been licensed, certified, accredited or approved as a sanitarian. **You must forward a copy of the verification form, Form #1, to the state(s) in which you have ever been licensed, credited or approved.**

State	Type of Lic./Cert./Accred./Apprvl.	Number	Expiration Date
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**PROFESSIONAL HISTORY:** Answer questions A-G by checking YES or NO. If you answer YES, follow directions below.

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work?

YES ☐

NO ☐

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

YES ☐

NO ☐

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you?

YES ☐

NO ☐

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

YES ☐

NO ☐

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?

YES ☐

NO ☐

*If you answered yes to any of the above questions (A-E), please give full details, names, addresses, on a separate, NOTARIZED statement.*

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

YES ☐

NO ☐

*If yes, give full details, names, addresses. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.*

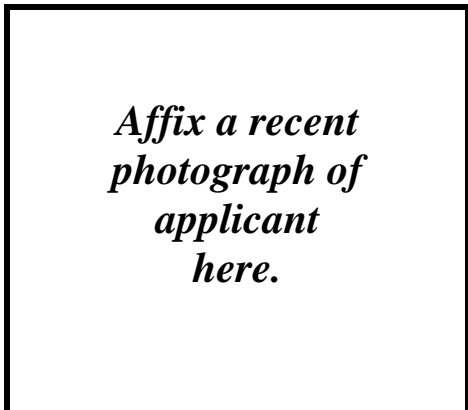
G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

YES ☐

NO ☐

*If yes, give full details on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.*

**PHOTOGRAPH:**



**NOTARIZATION:**

On this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_,

\_\_\_\_\_ (*applicant's name*) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*My Commission Expires*

**SEND APPLICATION AND FEE** FOR \$40.00, (CERTIFIED CHECK OR MONEY ORDER), MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

**Connecticut Department Of Public Health  
Registered Sanitarian Licensure  
410 Capitol Avenue, MS# 12MAQ  
P.O. Box 340308  
Hartford, CT 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
(860) 509-7559**

**Privacy Act:** The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. The following information is provided to comply with these requirements. Disclosure of the social security number is mandatory, pursuant to Section 17b-137a(1), Connecticut General Statutes. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.

# FORM #1

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

### VERIFICATION OF LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL AS A SANITARIAN

**APPLICANT:** Complete the top portion of this form and forward it to the state(s) (other than Connecticut) where you have been/are licensed/certified/accruited/approved as a sanitarian. You may make a copy of this form if you are licensed/certified/ accrued/approved in more than one state.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

License/Certificate/Accreditation/Approval Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hearby authorize the \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below.

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LICENSING/CERTIFYING AGENCY USE ONLY**

This is to certify that the above named individual was issued sanitarian license/certificate/accruited/approval number \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of issuance).

1. Current Licensure/Certification/Accreditation/Approval Status: Active ☐ Inactive ☐ Lapsed ☐

2. Date License/Certificate/Accreditation/Approval Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint:

YES ☐ NO ☐

*If yes, please forward all publicly discloseable information regarding the encumbrance and basis for the complaint. Please advise this office if you require a consent for release of this information from the applicant.*

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

STATE: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**PLEASE FORWARD THIS FORM DIRECTLY TO:**

Connecticut Department of Public Health  
Registered Sanitarian Licensure  
410 Capitol Avenue, MS# 51EPL  
P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7559  
Fax: (860) 509-7378

## FORM #2

### STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VERIFICATION OF EXPERIENCE

**APPLICANT:** Complete the top portion of this form and forward it to the employer(s) where you have completed the required experience as defined under ELIGIBILITY.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Indicated on Your Application: \_\_\_\_\_

Dates of Employment Indicated on Application Form: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY</b>
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This is to certify that the above individual, \_\_\_\_\_ was employed from *Month* \_\_\_\_\_  
*Year* \_\_\_\_\_ to *Month* \_\_\_\_\_ *Year* \_\_\_\_\_ by \_\_\_\_\_ (*company/entity*).

1. Job title of highest responsibility of the above named individual: \_\_\_\_\_

2. List duties carried out under this job title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any derogatory information regarding the competency or conduct of this individual? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE FORWARD THIS FORM DIRECTLY TO:**

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**REGISTERED ENVIRONMENTAL HEALTH SPECIALIST/REGISTERED SANITARIAN STUDY  
SUGGESTED STUDY REFERENCES**

*Note: These are suggested materials only. The department of public health does not provide these study materials to applicants.*

**AVAILABLE FROM NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION (303) 756-9090**

**Control of Communicable Diseases in Man:** Abraham S. Benenson

**Emerging Infection - Microbial Threats in the U.S. :** Institute of Medicine

**Env. Eng. & Sanitation:** Joseph Salvato (strongly recommended by NEHA)

**Env. Eng. & Sanitation Supplement:** Joseph Salvato (strongly recommended by NEHA)

**Environmental Health:** M.T. Morgan

**Environmental Law and Enforcement:** Gregor I. McGregor

**Epidemiology in Medicine:** Charles H. Hennekens and Julie E. Buring

**Fundamentals of Industrial Hygiene:** Barbara Plog, Jill Niland and Pat Quinlan

**Handbook for Safe Food Service Management:** National Assessment Institute

**“Hantavirus Infection” Morbidity and Mortality:** US Dept of Health and Human Services

**Principles of Food Sanitation:** Norman G. Marriott

**Public Health Law Manual:** Frank P. Grad

**REHS/RS Study Guide:** (strongly recommended by NEHA)

**Standards for Adult Correctional Institutions:** American Correctional Association

**NOT CURRENTLY AVAILABLE FROM NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION**

**Emergency Response Guidebook:** US Government Printing Office (800) 367-9592

**National Health & Safety Performance Standards:** American Public Health Association (202) 789-5667

**Pool-Spa Operators Handbook:** National Swimming Pool Foundation (210) 525-1227